

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | A. BOONE |        | 07-18-01 |
| O.I.P.E. CLASSIFIER       |          | 48     | 7/24/01  |
| FORMALITY REVIEW          | JK       | 835    | 08/28/01 |
| RESPONSE FORMALITY REVIEW | 78       | 1127   | 04/23/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 11/4/02 |
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If more than 150 claims or 10 actions  
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1-903 U.S. PTO  
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Rec-9.587

08/28/01

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